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ABSTRACT

Numerous studies have established a relation between negative life events and psychological and physical health, however, these studies have focused on the consequences of life stress of psychological and physical functioning. The possibility that individuals may experience negative life events due to preexisting emotional dysfunctioning is recognized by several authors but has received little research attention. This study investigated the effects of prior symptoms on the experience of negative events and the role of received support in moderating this relation. Business administration students (N=120) completed questionnaires focusing on social support, daily hassles, and psychiatric symptoms. These results suggest that there is a mutually causative, reciprocal relationship between stressful events and distress and that models concerning the role of social support may need to consider the effect of support in coping with distress as well as with stress (negative events). Although the results indicated that received social support moderated the relationship between distress and negative events, support did not buffer the effects of distress but instead enhanced it. This later finding is consistent with previous research, which found that the mobilization of support (received support rather than perceived availability of support) represents an admission of the inability to cope. (Author/LLL)

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Moderating Effects of Support
On the Consequences of Psychological Distress

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ABSTRACT

While many researchers have been concerned with the effects of negative events on symptoms of distress, few studies have focused on the reverse direction of this mutually causative relation. The present study investigated the effects of prior symptoms on the experience of negative events and the role of received support in moderating this relation.

Using data from a sample of 120 business administration students, results of a hierarchical regression analysis indicated support for both hypotheses. These results suggest that there is a mutually causative, reciprocal relationship between stressful events and distress and that models concerning the role of social support may need to consider the effect of support in coping with distress as well as with stress (negative events). Note that although the results indicate that received social support moderates the relationship between distress and negative events, support does not buffer the effects of distress but instead enhances it. This later finding is consistent with Wethington & Kessler's (1986) finding that the mobilization of support (received support rather than the perceived availability of support) represents an admission of the inability to cope.

Moderating Effects of Support On the Consequences of Psychological Distress

Problem.

Numerous research studies have established a relation between negative life events and psychological and physical health; however, these studies have focused on the consequences of life stress on psychological and physical functioning. From a process-oriented "transactional" viewpoint, there is a mutually causative, reciprocal relationship between stressful events and distress (Coyne & Lazarus, 1980). The possibility that individuals may experience negative life events due to preexisting emotional dysfunctioning is recognized by several authors but has received little research attention (Monroe & Peterman, 1988).

The possibility that social support may reduce the number of stressful events experienced as argued by DeLongis, Folkman, and Lazarus (1988) and documented by Lin (1986) has also received little research attention. The possibility that social support may buffer the effects of psychological distress, (i.e. protect those who are distressed from experiencing stressful events) has not been researched at all.

The present study hypothesizes that 1) prior psychological distress (time 1) will be associated with negative events even when current distress (time 2) is partialled, and 2) received support (time 1) will act to moderate the relationship between psychological distress (time 1) and negative life events (time 2).

Method.

One hundred and twenty evening business administration students at a metropolitan university in the southwestern United States participated in the study. Questionnaires completed at the first administration included a measure of received social support and the Psychiatric Symptoms Index. The Daily Hassles Scale and a repeated measure of the Psychiatric Symptoms Index were completed at a second testing. (For description of measures, see Appendix)

Results.

In order to test for the effect of prior symptoms on the experience of negative life events and to test the possible buffering effects of received social support on the impact of symptoms on the experience of negative life events, a hierarchical regression analysis was employed. In this analysis, Daily Hassles (negative life events) was the dependent variable. Symptoms at time 2 were entered as a covariate in order to statistically control for the effects of a concurrent relationship between symptoms and daily hassles on the hypothesized relationships. Following the covariate, prior symptoms and support were entered. Next the crossproducts between the covariate and the two predictors were entered in order to test for (and control for violations of) homogeneity of covariance. Finally, the prior symptom x support crossproduct was entered representing the hypothesized interaction effect.

Results of this regression analysis indicate that as hypothesized prior symptoms significantly predicts negative life events ($\Delta R^2 = .027$, $p \leq .05$) and prior symptoms x prior support predicts negative events ($\Delta R^2 = .026$, $p \leq .05$). The graph of the

estimated regression (for high and low levels of support) of prior symptoms on negative life events indicates an "opposite" buffering effect such that for those receiving high levels of support, the relation between prior symptoms and negative life events is stronger than for those receiving low levels of support (figure 1).

Conclusion.

One of the major findings of the present study is the strong association between prior symptoms and the experience of daily hassles even when the contribution of current symptom level to daily hassles is statistically controlled. This result strongly suggests that the relationship between negative events and symptoms needs to be conceptualized as dynamic in nature.

Another result of the present study is concerned with the "opposite" buffering effect of received support. Perhaps those who mobilize support as a consequence of being distressed are more likely to experience negative events because (as Wethington & Kessler, 1986 might suggest) the mobilization of support represents an admission of the inability to cope. Alternatively, those who have mobilized support may be more likely to report negative events. That is, for example, they may be more sensitive or observant of their reactions to events which without supportive responses to symptoms they may not categorize as hassles.

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Table I. Descriptive Statistics and Intercorrelations of Study Variables^a (n = 120).

	M	SD	1	2	3	4
1. PSI (1)	64.68	16.16		.71 ^d	.21 ^b	.48 ^d
2. PSI (2)	63.95	16.15			.24 ^c	.42 ^d
3. SUPPORT	44.67	9.48				.07
4. DAILY HASSLES	49.49	37.05				

^aPSI (1) = Psychiatric Symptom Index (time 1)

PSI (2) = Psychiatric Symptom Index (time 2)

^bp ≤ .05

^cp ≤ .01

^dp ≤ .001

Table II. Regression of Symptoms, Support, and Support x Symptom Interactions on Daily Hassles (n = 120).

	F	ΔR^2	Final R^2
PSI (2) ¹	59.65*	.313	
PSI (1)	5.20**	.027	
SUPPORT	3.50	.018	
PSI (2) X PSI (1)	.87	.005	
PSI (2) X SUPPORT	4.33**	.023	
PSI (1) X SUPPORT	5.02**	.026	.412

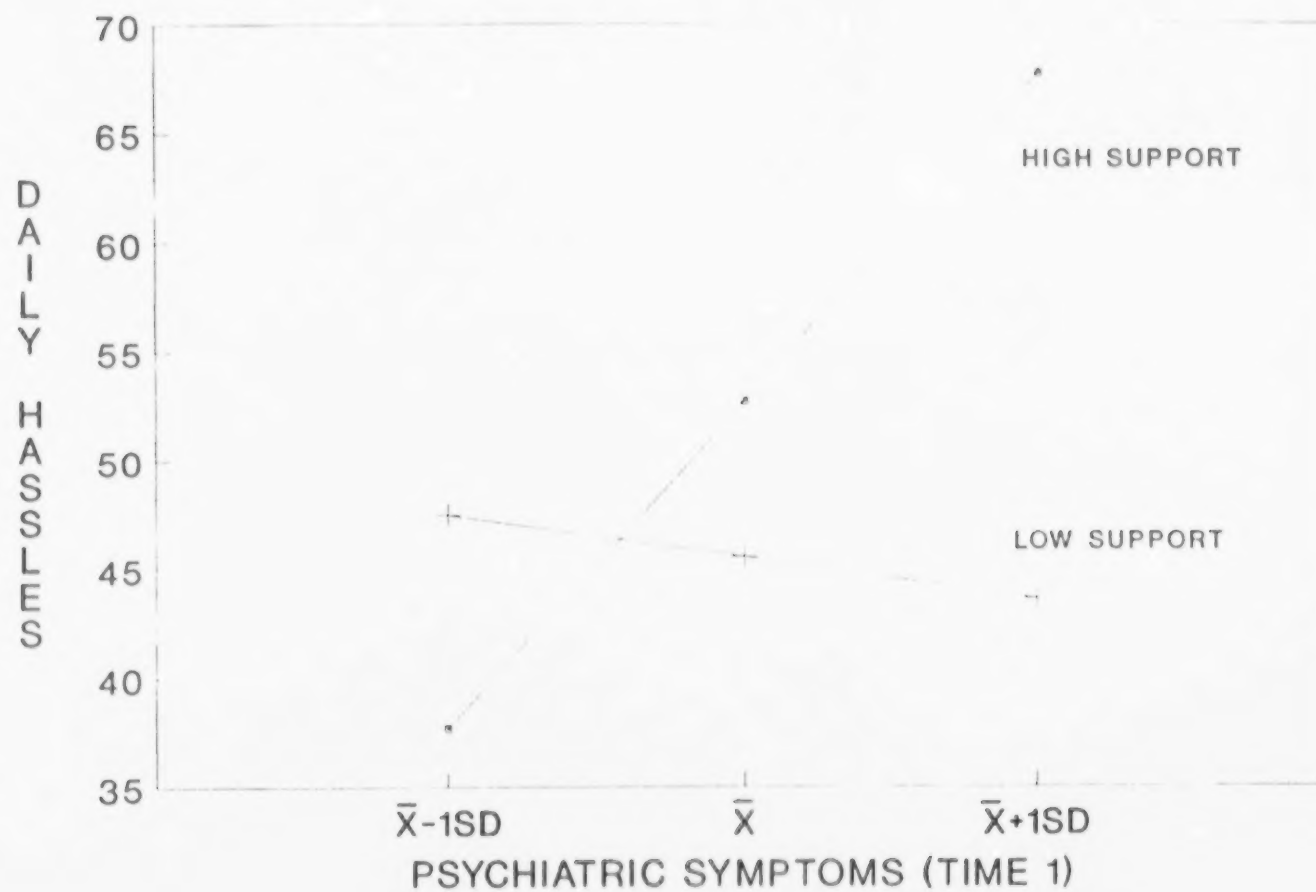
¹PSI (2) = Psychiatric Symptoms Index (time 2)

PSI (1) = Psychiatric Symptoms Index (time 1)

*p $\leq$.0001

**p $\leq$.05

Figure 1. Regression of Symptoms on Daily Hassles for High and Low Levels of Support.



(Appendix)

Measures

Stressful Events: The Daily Hassles Scale (Kanner et al., 1981) was used to measure aversive minor life events. The scale consists of 117 events that a person might experience in daily life. These items include: "concerns about job security", "unchallenging work", "misplacing or losing things", "inconsiderate smokers", and "auto maintenance problems". The respondent was instructed to recall if the event had occurred in the past month and, if so, to check that item. The instructions did not identify events as hassles. They then rated those checked items in terms of intensity of upset from 0 (it didn't upset me at all) to 3 (it was very upsetting). A total score was obtained by summing across all items. This response format of including a no upset category was employed by Rowlinson and Felner (1988) to remove a possible source of confounding indicated by Dohrenwend and Shrout (1985).

Social Support. Social support was assessed using a modified version of the Social Provisions Scale (Russell & Cutrona, 1985). This scale was developed to assess the six relational provisions identified by Weiss (1974): a) attachment, a sense of emotional closeness; b) social integration, a sense of belonging to a group whose members share common interests; c) reassurance of worth, acknowledgement of one's competence or skill; d) reliable alliance, the assurance that one can count on others for assistance; e) guidance, advice and information; and f) opportunity for nurturance, a sense of responsibility for the well being of

another.

Participants were instructed to respond to each question concerning social support in terms of the frequency (using 1=never, 2=rarely, 3=sometimes, 4=often, 5=very often, 6=always) that they received such support in the last month. Only the 12 positively worded items were used. Example items include: "People helped me when I needed help" and "People admired my talents and abilities."

Symptoms of Distress. The Psychiatric Symptom Index (PSI) is a 29 item scale derived from the longer Symptoms Distress Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) and is specifically designed for survey use (Ilfeld, 1976). The PSI was validated with a probability sample of 2299 nonpatient adults. Respondents were asked to indicate the frequency of the item's occurrence in the past month on a 5-point scale (ranging from never to very often). Scores were computed by summing across all items. Example items include: "Have trouble getting to sleep or staying asleep," and "Have trouble concentrating."